

**AN OVERVIEW ON SHUSHKAREVATI JAATAHARINI WITH  
SPECIAL REFERENCE TO DELAYED PUBERTY****\*<sup>1</sup>Dr. Shama Parveen, <sup>2</sup>Dr. Anjana Saxena, <sup>3</sup>Dr. Shashi Singh, <sup>4</sup>Dr. Deepika Gupta**<sup>1</sup>PG Scholar, Department of Prasuti Tantra Evam Striroga, Rajkiya Ayurveda College  
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Varanasi.**ABSTRACT**

Jaatahaarini (जाताहारिणी) is a Sanskrit term used in Ayurveda, particularly in the context of obstetrics and gynecology. Jaatahaarini refers to spectrum of condition i.e. menstrual disorder, female infertility, perinatal morbidity and mortality, postnatal morbidity and mortality. Acharya Kashyap has mentioned about Jaatahaarini in kalpsthana chapter number sixth of his kashyap Samhita, jaatahaarini also known as revati. Clinically, on the basis of Prognosis Jaatahaarini classified as Sadhya, asadhya and yasya. Acharya Kashyap has described Shushka Revati under Sadhya Jaatahaarini, and describes the symptoms of shushka Revati as: even by the age of sixteen, a girl does not attain menarche and her arms and hips are emaciated, From a modern scientific perspective, For achieving puberty, Gonadotropin-Releasing Hormone (GnRH) secreted by the hypothalamus plays a crucial role. Importantly, GnRH must be released in a pulsatile (or 2

rhythmic) manner to trigger puberty. "Excitatory neurotransmitters like: Glutamate (a key messenger), Kisspeptin (regulating reproductive hormones), Leptin (linked to energy balance and growth) Stimulate the hypothalamus to release GnRH, initiating puberty. But Malnutrition and chronic illness in young girls can disrupt hormone balance by: Increasing

GABA (a calming neurotransmitter) and Releasing stress-related neuropeptides, these changes slow down the hypothalamus and pituitary glands, reducing the production of Gonadotropin-Releasing Hormone (GnRH) in pulsatile manner. This delay can: Disrupt menstrual cycles, Halt puberty onset, affect growth and development, The combined impact of malnutrition and chronic illness on hormone regulation can have long-lasting effects on overall health and well-being. Individual who indulges in unrighteous acts and immoral behaviour are vulnerable to Jaataharini. She can be perceived only by divine eye and religious virtues are the remedies mentioned by Acharya kashyap in his samhita.

**KEYWORDS:** Ayurveda, Jaatahaarini, Shushkarevati, Delayed Puberty.

## INTRODUCTION

The story of Jaatahaarini is deeply rooted in Hindu mythology, particularly in the context of Devta-Asur Yuddha. There was a war going on between the devta and asura, the devta approached Karthikeya who is known as Skanda. Skanda created Revati to destroy the Asura, the Asura took the help of women's womb to hide himself. Revati saw them in the womb of women, then she killed them. As Revati started harming the fetus (Garbha), its name became Jaatahaarini."

तस्माज्जातहारिणी पुष्पं हन्ति, वपुश्च हन्ति, गर्भाश्च हन्ति, जातांश्च हन्ति, जायमानांश्च जनियामानश्च हन्ति। यद्भवत्यासुरमधार्मिकाणामपत्यमधर्मोपहर्त विशेषेण। (का.सं.क. 6/7)

राजस्वलां गर्भिणीं वा प्रसूतां वा कुटीगताम्। (का.सं.का. 6/65)

स्त्रीयमअविशते क्रुद्धा त्रिषु कालेषु रेवती। (का.सं.क. 6/65)

Jaatahaarini is a reproductive disorder characterized by- Difficulty in conceiving, Recurrent pregnancy loss, Perinatal complications (problems during or after birth), Jaatahaarini affects both single and multiple pregnancies.

### Cause of affliction by jaatahaarini

- ❖ Misdeed of both men and women are mentioned in detail which make women vulnerable to the attack of jaatahaarini.
- ❖ Jaatahaarini in particularly destroys Asura and irreligious persons.
- ❖ Acharya kashyap mentioned that when the husband goes to his wife after having intimate with a woman infested by jaatahaarini, then the jaatahaarini attacks. And also mentioned that "If a household member is infected with Jaatahaarini, they should be completely

isolated otherwise anyone taking anything from that household will be afflicted by Jaatahaarini.

#### Modern Interpretation

Acharya Kashyap's description suggests Jaatahaarini may be related to:

1. Sexually Transmitted Infections (STIs)
2. Tuberculosis (TB)

#### Possible indicators

- Infectious transmission through intimate contact
- Household transmission through shared resources
- Potential respiratory and reproductive complications

Ancient texts like Acharya Kashyap provide valuable insights into understanding historical diseases and their transmission.

We can know Jaatahaarini by the names Revati, Pilipichhika, Raudri and varuni etc.

#### on the basis of prognosis

jaatahaarini can be divided into

#### Sadhya (11)

1. Sushka revati (delayed menarche),
2. Katambhara (primary amenorrhea)
3. Puspaghni (anovular menstruation with hirsutism)
4. Vikuta (irregular menstrual cycle)
5. Parisruta(leucorrhea)
6. Andaghni (abortion in blastocyst stage)
7. Durdhara (first trimester abortion)
8. Kalaratri (premature labour with perinatal death)
9. Mohini (abortion due to maternal disorder like PIH)
10. Stambhani (still birth)
11. krosana (pregnancy induced disorder)

#### Yapya (16)

1. Nakini (repeated still birth)
2. Pisachi (neonatal death)

3. Yaksi (fatal on second day)
4. Asuri (fatal on third day)
5. Kali (fatal on fourth day)
6. Varuni (fatal on fifth day)
7. Sasthi (fatal on sixth day)
8. Bhiruka (fatal on seventh day)
9. yamya (fatal on eighth day)
10. Matangi (fatal on ninth day)
11. Bhadrakali (fatal on tenth day)
12. Raudri (fatal on eleventh day)
13. Vardhika (fatal on twelfth day)
14. Chandika (fatal on thirteen day)
15. Kapalmalini (fatal after fortnight)
16. pilipicchika (perinatal death)

### **Asadhya (8)**

1. Vasya (death of intra uterine fetus by 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> month)
2. Kulksayakari (a women whose male progeny die exclusively but not female)
3. Punyajani (newborn die after birth repeatedly)
4. Paurusadini (progeny of the women dies before 16 years of age )
5. Samdamsi (The first born dies as soon as the women conceives the second time)
6. Karkotaki (when a woman conceives, one of her twins dies and other suffer from balgraha)
7. Indravadava (death of binovular twins)
8. Badavamukhi (death of uniovular twins)

### **Based on mode of transmission-**

#### **1. Daivi (Divine**

#### **2. Manusi**

- ✓ Varna
- ✓ Varnantar
- ✓ Lingani
- ✓ Karuki

#### **3. Tiraschin**

- ✓ Sakuni

- ✓ Chatuspadi
- ✓ Sarpa
- ✓ Matsi
- ✓ Vanaspati

**दशैता जातहारिण्यो जीवमानासु मातृषु। असाध्याः पुष्पघातिन्यः साध्या गर्भोपघातिका ॥**  
(का.सं.क. 6/41)

In a live mother, the jaatahaarini causing destruction of puspa are asadhya whereas those causing destruction of garbha are sadhya.

Acharya kashyap while classifying sadhya jaatahaarini mentions 10, but while describing mentions 11.

**Shushka revati jaatharini**

**आषोडशवर्षप्राप्ता या स्त्री पुष्पं न पश्यति। प्रम्लानबाहुरकुचा तामाहुः शुष्करेवतीम् ॥** (fatal on second day) (का.सं.क. 6/31)

**Even by the age of 16, a girl does not attain menarche and her arms and hips are emaciated.**

## **PUBERTY**

Puberty in girl is the period, which links Childhood to adulthood. It is the period of gradual development of secondary sexual characters.

After puberty certain physical characteristics are developed which helps to recognise male as male and female as female and it is when the reproductive organ mature.

**Puberty progresses through five distinct phases, known as Tanner Stages**

The most common order is beginning of the: **growth spurt**, 1<sup>st</sup> sign of puberty → **breast budding** (thelarche) 1<sup>st</sup> visible sign → **pubic and axillary hair growth** (adrenarche) → **peak growth in height** → **menstruation** (menarche).

**Two major events during puberty**

- a. Gonadarche** → ovarian production estrogen Increases, initiation of growth spurt, breast budding,
- b. Adrenarche** → adrenal production → Androgen → pubic hair growth → pubarche

At around 6 years of age both are simultaneously happen.

### **Hypothalamus pitutery ovarian and uterine Axis**

**1. In intra uterine life** → HPOU Axis is functional during fetal life as well. When a female fetus is in uterus during that time this axis is functional and leads to small number of steroids hormone.

**2. HPOU axis is dormant during childhood**→ this become nill functional. Various factors are responsible to hold this axis dormant.

**a.** CNS inhibition coming from the higher Area of the brain (Various CNS neurotransmitter like GABA, Neuropeptide) → this inhibits the hypothalamus and pitutery and inhibits the secretion of Gonadotropins relasing Harmones.

**b.** very strong negative feedback from the periphery

During childhood Hypothalamus and pitutery are primed and very sensitive to negative feedback effect of the gonadal hormone from periphery.

**Due to both these conditions, GnRH pulses are very slow and infrequent during childhood.**

**3. At puberty** → imagine It's like sitting in a car with the brakes on, and we want to start our reproductive life journey. To do this, we need to kick-start the engine, press the accelerator, and release the brakes. i.e. negative feedback from periphery and CNS inhibition is lifted off And GnRH gets kick started.

Resulting: - Down regulation of GABA and Neuropeptide Upregulation of Glutamate, Kisspeptin, and Leptin.

Ultimatly GnRH pulse generator gets reactivated

At the onset of puberty pulsatile secretion of GnRH increase → initially only night time pulse increase → Diurnal variation → pulsatile secretion of LH increases more than FSH → HPOU Axis gets activated → ovarian production of estrogen starts → initially the axis is immature and positive feedback machenism they develop later which is responsible for LH surge → initial cycle are anovulatory and irregular → regular after 1-2 year.

### **Delayed puberty**

Puberty is said to be delayed when the breast tissue and/or pubic hair have not appeared by 13-14 years or menarche appears as late as 16 years.

## CAUSES OF DELAYED PUBERTY

### 1. Hypogonadotropic hypogonadism

- ✓ Gonadal dysgenesis, 45 XO
- ✓ Pure gonadal dysgenesis 46 XX, 46 XY
- ✓ Ovarian failure 46 XX.

### 2. Hypogonadotropic hypogonadism

- ✓ Constitutional delay
- ✓ Chronic illness, malnutrition
- ✓ Primary hypothyroidism
- ✓ Isolated gonadotropin deficiency (Kallmann's syndrome)
- ✓ Intracranial lesions-tumors: craniopharyngioma, pituitary adenomas.

### 3. Eugonadism

- ✓ Anatomical causes
- ✓ Müllerian agenesis
- ✓ Imperforate hymen
- ✓ Transverse vaginal septum
- ✓ Androgen insensitivity syndrome.

Delayed puberty due to malnutrition and chronic illness can disrupt normal neuroendocrine signaling, affecting key neurotransmitters and neuropeptides.

Leptin, produced by adipose tissue, Obese girls often experience earlier menstrual cycles due to higher leptin levels.

## DISCUSSION

Acharya Kashyap in Kalpasthan describes 34 Jaataharini, among which Shushka Revati Jaataharini is classified as a Sadhya Jaataharini. Which we are discussing here, if we look at the symptoms of Shushka revati jaatahaarini then we can find out that a woman who is not able to attain menarche even after attaining the age of 16 years, the next symptoms include Emaciation of arms and hips. When we correlate the symptoms of Shushka Revati Jaataharini with modern medical understanding, we can associate it with Delayed Puberty, particularly caused by Malnutrition and Chronic illnesses Malnutrition. Chronic illness have a profound impact on the body, leading to Hormonal imbalances, disrupting menstrual cycles,

Neurological effects, influencing brain function and development Muscle wasting (emaciation), particularly in arms and hips.

## CONCLUSION

By analysing the symptoms of Shushka revati Jaataharini we can conclude that it can correlate with delayed puberty special reference to chronic illness and malnutrition.

## REFERENCES

1. Kashyap Samhita, edited by Shri Satyapal Bhishagacharya with hindi commentary Vidyotini, Kalpa sthana Chapter Revati Kalpa/65. Varanasi. Choukhmbha Sanskrit Series. Reprint Edition, 2013.
2. Text book of Gynaccology-by DC dutta.
3. A comprehensive treatise on prasuti tantra by Dr. Hemlata kapoorchanda.